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NEWBIGGIN-BY-THE-SEA
URBAN DISTRICT COUNCIL.

Annual Report

OF THE

Medical Officer of Health
(DR. WM. STEPHENSON).

AND

SANITARY INSPECTOR
(JAMES KAILOFER).

For the Year 1937.

ASHINGTON.
PORTLAND PRINTING COMPANY.
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1937.

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

URBAN DISTRICT OF
NEWBIGGIN-BY-THE-SEA,

FOR THE YEAR 1937.



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SECTION A.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area	1,841 acres.
Population (Census 1921)	6,800.
Population (Census 1931)	6,904.
Population (estimated 1937)	8,888.
Number of Inhabited Houses (1937)	2,212.
Rateable Value	£33,890.
Sum represented by Penny Rate	£141 4s. 2d.

SOCIAL CONDITIONS.

The district is mainly Agricultural and Fishing with the exception of the portion occupied by Newbiggin Coal Mine and the Artificial Stone Works. There are a few private families but the majority of the population are miners with a small proportion of fishermen.

UNEMPLOYMENT.

There were 210 men unemployed in this area at 31st. December, 1937, which is a decrease of 40 when compared with the figure for the previous year, i.e. 250 in 1936.

VITAL STATISTICS.

Births :—

	M	F	Total	
Live Births.—(Legitimate)	81	71	152	Birth Rate per 1,000 of estimated
(Illegitimate)	—	1	1	residence population 17.21

	M	F	Total	Rate per 1,000 (live and still births)
Stillbirths.—(Legitimate)	5	0	5	... .. 31.64
(Illegitimate)	0	0	0	

	M	F	Total	
Deaths.—	46	52	98	Death Rate per 1,000 of the estimated
				resident population 11.02

Deaths from Puerperal Causes :—	Deaths.	Rate per 1,000 (live and still-births)
Puerperal sepsis	0	—
Other Puerperal causes	1	6.32
Total	1	6.32

Death Rate of Infants under one year of age :—

All infants per 1,000 live births	52.28
Legitimate infants per 1,000 legitimate live births	52.63
Illegitimate infants per 1,000 illegitimate live births	0
Deaths from Cancer (all ages)	15
Deaths from Measles (all ages)	1
Deaths from Whooping Cough (all ages)	1
Deaths from Diarrhoea (under 2 years)	0

The Registrar General supplies the following Table :—

CAUSES OF DEATHS, 1937.

Causes of Death.			M	F	Causes of Death.			M	F
1	Typhoid and Paratyphoid fevers		0	0	27	Other Digestive diseases		2	3
2	Measles ...		0	1	28	Acute and Chronic Nephritis		1	0
3	Scarlet Fever ...		0	0	29	Puerperal Sepsis...		0	0
4	Whooping Cough ...		1	0	30	Other Puerperal causes ...		0	1
5	Diphtheria ...		1	1	31	Congenital debility, premature birth, malformations, &c.		2	2
6	Influenza ...		1	2	32	Senility ...		0	4
7	Encephalitis Lethargica		0	0	33	Suicide ...		0	0
8	Cerebro Spinal Fever ...		0	0	34	Other Violence ...		0	1
9	Tuberculosis of respiratory system ..		2	2	35	Other defined diseases ...		3	3
10	Other Tuberculous diseases		0	1	36	Causes ill-defined or unknown		0	0
11	Syphilis ...		0	0	37	Diarrhoea (2 years and over)		0	0
12	General Paralysis of the insane							46	52
	Tabes Dorsalis ...		0	0					
13	Cancer, malignant disease		8	7				Total	98
14	Diabetes ...		0	1					
15	Cerebral Hæmorrhage, &c.		5	3					
16	Heart Disease ...		10	10		Deaths of	Legitimate ...	4	4
17	Aneurysm ...		0	0		Infants	Illegitimate ...	0	0
18	Other Circulatory diseases		6	7		under 1 year	Total ...		8
19	Bronchitis ...		1	1					
20	Pneumonia (all forms) ...		2	1		Live Births	Legitimate ...	81	71
21	Other respiratory diseases		0	0			Illegitimate ...	0	1
22	Peptic ulcer ...		1	0			Total ...		153
23	Diarrhoea, &c. (under 2 years)		0	0					
24	Appendicitis ...		0	0		Stillbirths	Legitimate ...	5	0
25	Cirrhosis of Liver ...		0	1			Illegitimate ...	0	0
26	Other diseases of Liver, &c.		0	0			Total ...		5

Birth Rates, Death Rates, Analysis of Mortality, Maternal Death Rates and Case Rates
for certain Infectious Diseases in the year 1937.

(England and Wales, London 125 Great Towns and 148 Smaller Towns.)
Weekly and Quarterly Returns.

Provisional Figures based on

	England and Wales.	125 County Boro's and Great Towns including London.	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census).	London Admininistrative County.
Rates per 1000 Population.				
Births—				
Live	14·9	14·9	15·3	13·3
Still	0·60	0·67	0·64	0·54
Deaths—				
All Causes	12·4	12·5	11·9	12·3
Typhoid & Paratyphoid Fevers	0·00	0·01	0·00	0·00
Smallpox	—	—	—	—
Measles	0·02	0·03	0·02	0·01
Scarlet Fever	0·01	0·01	0·01	0·01
Whooping Cough...	0·04	0·04	0·03	0·06
Diphtheria	0·07	0·08	0·05	0·05
Influenza	0·45	0·39	0·42	0·38
Violence	0·54	0·45	0·42	0·51
Notifications—				
Smallpox	0·00	—	0·00	—
Scarlet Fever	2·33	2·56	2·42	2·09
Diphtheria	1·49	1·81	1·38	1·93
Enteric Fever	0·05	0·06	1·04	0·05
Erysipelas	0·37	0·43	0·34	0·44
Pneumonia	1·36	1·58	1·20	1·18
Rates per 1000 Live Births.				
Deaths under 1 year of age ..	58	62	55	60
Deaths from Diarrhoea & Enteritis under 2 years of age ...	5·8	7·9	3·2	12·0
Maternal Mortality—				
Puerperal Sepsis	0·97	} Not available		
Others... ..	2·26			
Total	3·23			
Rates per 1000 Total Births (i.e. Live and Still).				
Maternal Mortality—				
Puerperal Sepsis	0·94	} Not available		
Others... ..	2·17			
Total	3·11			
Notifications—				
Puerperal Fever	} 13·93	17·59	11·52	{ 4·15 14·34
Puerperal Pyrexia				

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

PUBLIC HEALTH OFFICERS.

Medical Officer of Health -	-	Dr. Wm. Stephenson, M.R.C.S. (Eng)., L.R.C.P. (Lond).
Sanitary Inspector, Surveyor and Housing Supervisor -	-	James Kailofer, M.R. San. Inst., M.S.I.A., F.F.A.S., Certif. R.S.I. Meat and Foods.

LABORATORY FACILITIES.

By arrangement with the Northumberland County Council, pathological and bacteriological examinations are made at the Laboratories of the County Council at Newburn.

Antitoxin in cases of Diphtheria is provided by the Council as also is Diphtheria Toxoid for Immunisation against Diphtheria.

AMBULANCE FACILITIES.

- (a) For Infectious Cases - - - None—the Ambulance from Hospital used when necessary.
- (b) For Non-Infectious Cases - - Welfare Ambulance on payment of fee.

NURSING IN THE HOME.

- (a) General—This work is done by the Newbiggin, Woodhorn and North Seaton Nursing Association and by the Newbiggin Colliery Nursing Association, supported by voluntary contributions and each employing one Nurse for General, Accident and Maternity cases. As these nurses are now put into quarantine on attending cases of Pneumonia, another nurse has to be obtained from the county for the midwifery cases. The county charges this to the Nursing Association.
- (b) No nursing of Infectious cases is undertaken.

TREATMENT CENTRES AND CLINICS.

There is a Maternity and Child Welfare Centre held in the Methodist School (Simonside Terrace) every Monday, provided by the County Authorities.

Average attendance:—75.

An Ante-Natal Clinic is also held by the County Council in the same building.

There is a Tuberculosis Dispensary and Orthopaedic Clinic at Ashington also provided by the County Council.

HOSPITAL—PUBLIC AND VOLUNTARY.

There are no Hospitals provided by the Local Authority.

The Hospitals at Newcastle-upon-Tyne are used extensively for medical and surgical cases whilst the County Hospital at Preston takes cases of Tuberculosis, Ophthalmia &c.

MIDWIFERY AND MATERNITY SERVICES.

No Midwife is employed by the Local Authority.

The Colliery and District Nurses act as Midwives under the County Council.

There is one independent midwife.

INSTITUTIONAL PROVISION FOR MOTHERS OR CHILDREN.

Complicated maternity cases are sent to the Princess Mary Hospital at Newcastle-upon-Tyne, usually through the intervention of the doctors at the Ante-Natal Clinics.

There is no institutional provision for unmarried mothers, illegitimate infants or homeless children in the area.

HEALTH VISITORS.

This work is under the control of the Northumberland County Council.

SECTION B. (2).

LEGISLATION IN FORCE.

PRIVATE STREET WORKS ACT, 1892.

By a resolution of the Urban District Council dated the 6th. day of September, 1929, the Private Street Works Act, 1892, came into operation within the district on the 15th. day of October, 1929.

PUBLIC HEALTHS ACTS AMENDMENT ACT, 1890.

By a resolution of the Urban District Council dated the 6th. day of October, 1927, Part III. of the Public Health Acts Amendment Act, 1890, came into operation within the district on the 16th. day of November, 1927.

By the Public Health Act, 1936, sections 16 to 27 (both inclusive) 32, 33, 36, 47 and part of 50 of the Public Health Acts Amendment Act, 1890, were repealed ; such sections are reproduced in sections 27, 20, 87, 88, 52, 46, 61, 49, 54, 72, 82, 78, ²⁴²246, 59 and 259 of the Public Health Act, 1936.

PUBLIC HEALTHS ACTS AMENDMENT ACT, 1907.

By Order of the Local Government Board dated the 19th. day of August, 1909, the following parts and sections of the Public Health Acts Amendment Act, 1907, came into force within the district as and from the 11th. day of October, 1909.

Part II. which relates to Streets and Buildings.

By the Public Health Act, 1936, sections 15 (part), 16 (part), 23, 24, 25, 26, 27 and part of 33 of the Public Health Acts Amendment Act, 1907, were repealed ; such sections are reproduced in sections 66, 64, 90, 61, 56, 57, 53 and 71 of the Public Health Act, 1936.

Sections 34, 35, 36, 37, 38, 43, 44, 45, 46, 47, 49, 50 and 51 comprised in Part III. which is composed of sanitary provisions.

By the Public Health Act, 1936, sections 34 to 38 (both inclusive), 43 to 47 (both inclusive) and 49 to 51 (both inclusive) of the Public Health Acts Amendment Act, 1907, were repealed ; such sections are reproduced in sections 39, 48, 141, 40, 34, 88, 89, 87, 37, 197, 107 and 108 of the Public Health Act, 1936.

Sections 52 to 66 (both inclusive) and 68 comprised in Part IV, which relates to Infectious Diseases.

By the Public Health Act, 1936, sections 52, 55 to 66 (both inclusive) and section 68 of the Public Health Acts Amendment Act, 1907, were repealed; such sections are reproduced in sections 149, 152, 84, 150, 151, 155, 184, 168, 148, 159, 160, 169, 167, 165, of the Public Health Act, 1936.

Part V. relating to Common Lodging-houses.

By the Public Health Act, 1936, sections 69 to 75 (both inclusive) of the Public Health Acts Amendment Act, 1907, were repealed; such sections are reproduced in sections 238, 241, 237, 247, and 246 of the Public Health Act, 1936.

Part VI. relating to Recreation Grounds.

Not affected by the Public Health Act, 1936.

Part X. relating to Bathing places, provision of Life-saving appliances and power to licence Pleasure Boats, and extending and amending Sections 175 and 176 of the Public Health Act, 1875, as to the purchase of lands for public purposes and the appropriation and use thereof.

By the Public Health Act, 1936, sections 92 and 93 of the Public Health Acts Amendment Act, 1907, were repealed; such sections are reproduced in sections 231, 232 and 234 of the Public Health Act, 1936.

By an Order of the Home Secretary dated 8th. February, 1910, the following Sections were declared to be in force within the district:—

Sections 81 and 82.

By the Public Health Act, 1936, section 82 of the Public Health Acts Amendment Act, 1907, was repealed so far as regards matters with respect to which bathing byelaws could be made up under Part VIII. of the Public Health Act, 1936.

By an Order of the Home Secretary, dated the 16th. June, 1930, the following Section was declared to be in force within the district:—

Section 83.

Not affected by the Public Health Act, 1936.

SECTION C.

WATER.

The whole of the area is supplied with water from the Tynemouth Corporation Water Main, with the exception of North Seaton Colliery which is supplied with water by the Colliery Company.

Our meter is situated at Ewart Hill, Bedlington and water is brought from there to Newbiggin in a 6" cast iron main. There was an ample supply throughout the year, great benefit being derived from the new Water Tower.

The quality of the water has been satisfactory during the year. 5 bacteriological examinations were made and all samples proved satisfactory.

DRAINAGE AND SEWERAGE.

The Surveyor has completed the inspection and replanning of the whole of the sewers in the area (original plans lost in the fire) with the object of proceeding, in 1938, with the Closet Conversion Scheme.

SEWAGE TREATMENT.

Newbiggin.—Two main outfall sewers which are on the combined system, discharge, one at the North-east end of the Bay known as Church Point outfall, and one at South end of the Bay known as Spital Point outfall.

The Church Point outfall serves Woodhorn Demesne and the whole of Newbiggin north of the Station to Cresswell Arms.

The Spital Point outfall serves the remainder of Newbiggin south of the Station and railway line.

The sewers are of adequate capacity, and with the exception of one or two short lengths of the older sewers, are in good order.

North Seaton Colliery.—The sewerage of North Seaton Colliery is primitive and unsatisfactory. The bulk of the houses are without drains of any kind and the whole of the slop and waste water is conveyed in open channels down the streets into the River Wansbeck at two places near high water mark.

There are only 42 Water Closets out of a total of approximately 380 houses.

The Council have had a comprehensive survey made and plans prepared to deal with the whole of the sewage from North Seaton Colliery and a scheme will be submitted to the Ministry of Health next year for their approval.

RIVERS AND STREAMS.

The nuisance from the burn from Woodhorn Pit caused by Water Closets at the Pit Head Baths discharging into the burn, will soon be abated as the Ashington U.D. Council are busy with a new sewer to deal with this sewage.

The Beach at Newbiggin is still polluted with the washings from the coal-screening plant at Newbiggin Colliery.

CLOSET ACCOMMODATION.

Number of Privies	451
Number of Water Closets—Inside	484
Outside	1412
Number of Ash Closets (North Seaton)	247
Number of Pail Closets	11
Number of Open Ashpits	356

During the year 6 Privies have been converted to Water Closets.

CLOSET CONVERSION SCHEME.

The Council have decided to convert all privies, ash-closets &c., in Newbiggin to Water Closets.

The necessary Schedules, Specifications &c., are almost completed and Tenders will be obtained for this work in due course. It is hoped to have the work commenced at the beginning of 1938.

PUBLIC CLEANSING.

The Scavenging of ashpits is done by Contract, fortnightly, ashbins are cleaned thrice weekly. The refuse is mostly deposited on land tips. The scavenging has been satisfactory on the whole.

SANITARY INSPECTION OF THE AREA.

The district is regularly inspected.

SHOPS.

It was not found necessary to take any action during the year under the provisions of the Shops Act, 1934.

SMOKE ABATEMENT.

During the year there were 4 summonses for Chimney Firing.

SWIMMING POOLS AND BATHS.

There are no public or private Swimming Pools or Baths in the district but there is excellent sea bathing in the Bay with a free Bathing Shelter provided by the Council. The Council also have Bathing Tents for hire and these are greatly in demand in the summer months.

ERADICATION OF BED BUGS.

- (1) (a) 2 Council Houses were found to be infested with bed bugs.
 (b) A total of 8 houses in the district were disinfested during the year.
- (2) No active steps are taken to ensure that the belongings of tenants are free from vermin.
- (3) The work of disinfestation was carried out by the Council.

SCHOOLS.

The general sanitary condition and water supply of all the Schools are satisfactory.

Children are excluded from School for Infectious Diseases under the rules laid down in the Memorandum on Closure of and Exclusion from School, 1925.

PUBLIC CONVENIENCES.

These are provided and maintained by the Council in Wansbeck Square, Prospect Place and Milburn Park.

BAKEHOUSES.

The two Bakehouses in the area have been regularly inspected and found to be kept clean.

Sanitary Inspector's Report.

Year ending December 31st, 1937.

(Sanitary Officers' Order 1926 Art. 19 (15).

[illegible]

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH for the Year 1937.

FOR THE URBAN DISTRICT OF NEWBIGGIN-BY-THE-SEA.

On the administration of the Factory and Workshop Act, 1901, in connection with
Factories, Workshops and Workplaces.

1—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors.

Premises.	Number of		
	Inspections	Written Notices	Prosecutions
Factories (including Factory Laundries)	0	0	0
Workshops (including Workshop Laundries)	38	0	0
Workplaces (other than Outworkers' premises) ...	0	0	0
Total	38	0	0

2—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES

Particulars	Number of Defects.			No of offences in respect of which prosecu- tions were instituted.
	Found	Remedied	Referred to H.M. Inspector	
Nuisances under the Public Health Acts —				
Want of Cleanliness				
Want of Ventilation				
Overcrowding				
Want of Drainage of Floors				
Other Nuisances				
Sanitary Accommodation { Insufficient	Nil.	Nil.	Nil.	Nil.
{ Insuitable or defective				
{ not separate for sexes				
Offences under Factory and Workshops Acts—				
Illegal occupation of underground Bakehouses ..				
Other Offences				
(excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order 1921)				
Total	—	—	—	—

OUTWORK IN WHOLESALE PREMISES, SECTION 108.

Nature of Work.	Instances.	Notice served	Prosecutions.
Wearing Apparel :			
Making, &c.			
Cleaning and Washing			
Household Linen			
Lace, Lace Curtains and Nets			
Curtains and Furniture Hangings ..			
Furniture and Upholstery			
Electro-Plate			
File Making			
Brass and Brass Articles			
Fur Pulling			
Cables and Chains			
Anchors and Grapnels			
Cart Gear			
Locks, Latches and Keys	Nil.	Nil.	Nil.
Umbrellas, &c.			
Artificial Flowers			
Nets, other than Wire Nets ..			
Tents			
Sacks			
Racquet and Tennis Balls			
Paper, &c., Boxes, Paper Bags ..			
Brush Making			
Pea Picking			
Feather Sorting			
Carding, &c., of Buttons, &c. ..			
Stuffed Toys			
Basket Making ..			
Chocolates and Sweetmeats			
Cosaques, Christmas Crackers, Christmas Stockings, &c.			
Textile Weaving			
Lampshades			
Total	—	—	—

SUMMARY OF WORK EFFECTED.

		District : NEWBIGGIN-BY-THE-SEA		After letter or interview	After Informal Notice	After Statutory Notice	Total
		Inspector : JAMES KAILOFER.					
		Year 1937.					
Sanitary Conveniences	Privies abolished	...	...	6	0	0	6
	„ repaired	...	...	8	0	0	8
	Ashpits abolished	...	...	6	0	0	6
	„ roofed or repaired	...	...	0	0	0	0
	Pail Closets abolished...	...	...	0	0	0	0
	Water Closets provided	...	...	6	0	0	6
	„ „ repaired	...	...	32	4	0	36
	Sanitary Bins provided	...	...	102	0	0	102
„ „ renewed...	...	...	42	6	0	48	
Drainage	New Drains constructed	...	...	110	0	0	110
	Drains repaired or re-constructed...	...	...	16	0	0	16
	Additional Gullies provided	...	...	102	0	0	102
	Old Gullies replaced	...	...	11	0	0	11
	Scullery Sinks provided	...	...	114	0	0	114
	„ Waste-pipes repaired	...	...	31	0	0	31
	„ „ trapped	...	...	8	0	0	8
	Yards repaired or re-constructed	...	...	8	0	0	8
Water S'pply	Sources closed or discontinued	...	...	0	No. houses		0
	New Service provided...	...	...	116	affected		116

RIVERS POLUTION.

Cases detected	...	Nil.	Particulars	...	Nil.
Remedied	...	Nil.	do.	...	Nil.
S.D. Works provided		Nil.	do.	...	Nil.

SECTION D.

HOUSING.

NUMBER OF NEW HOUSES ERECTED DURING THE YEAR.

	With State Assistance	Unaided	Total
(a) By Local Authority	0	22	22
(b) By other Bodies or Persons ...	0	80	80

I INSPECTION OF DWELLING HOUSES DURING THE YEAR.

1 (a) Total unnumber of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	204
(b) Number of inspections made for the purpose	204
2 (a) Number of Dwelling-house (included under sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	194
(b) Number of inspections made for the purpose	194
3 Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	—
4 Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects fit for human habitation	4

II REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICE.

Number of defective dwelling-houses rendered fit in consequence of informal action by Local Authority or their officers	33
--	----

III ACTION UNDER STATUTORY POWERS DURING THE YEAR.

(A) Proceedings under Section 9, 10 and 16 of the Housing Act, 1936.

1 Number of dwelling-houses in respect of which notices were served requiring repairs	2
2 Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By owners	1
(b) By Local Authority in default of owners	0

(B) Proceedings under Public Health Acts:

1 Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	—
---	---

2 Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners	—
(b) By Local Authority in default of owners ...	—
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:	
1 Number of dwelling-houses in respect of which Demolition Orders were made ... ..	...
2 Number of dwelling-houses demolished in pursuance of Demolition Orders	—
(d) Proceedings under Section 12 of the Housing Act, 1936.	
1 Number of separate tenements or underground rooms in respect of which Closing Orders were made ...	—
2 Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been rendered fit ...	—

IV HOUSING ACT, 1936—OVERCROWDING.

(A) (1) Number of dwellings overcrowded at the end of the year		160
(2) Number of families dwelling therein		170
(3) Number of persons dwelling therein:		
Adults		803
Children		179
(B) Number of new cases of overcrowding reported during the year		3
(c) (1) Number of cases of overcrowding relieved during the year		13
(2) Number of persons concerned in such cases:		
Adults		69
Children		18
(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding		—

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

No. of Registered Cow-keepers at 31/12/37	...	...	...	6
No. of Registered Purveyors of Milk at 31/12/37	...	...	...	16
No. of Cows at 31/12/37	...	...	...	140

MEAT AND OTHER FOODS.

The Slaughter-houses are visited and inspected. There are no Public slaughter-houses, all being privately owned.

There is no meat-marking scheme in force.

No. of Registered Slaughter houses at 31/12/37	...	...	...	4
No. of Licensed Slaughter houses at 31/12/37	...	...	...	0
Total				4

ADULTERATION, &C.—

This work is undertaken by the Northumberland County Council.

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.—

This work is also undertaken by the Northumberland County Council.

NUTRITION.—

The important subject of proper Feeding was again brought to the notice of our citizens during the Health Week by the distribution of some thousands of leaflets on the subject of Nutrition.

SHELL-FISH.—

The sale of shell-fish in this District is negligible.

FOOD INSPECTION.

MILK—(Tested by County Council).

Inspector : JAMES KAILOFER.

Tested for	Number of Samples.	Result.	Legal Proceedings.
Standard of Cleanliness ...	37	11 Unsatisfactory	—
Tuberculosis	37	6 Positive	Dealt with by County Council

UNSOUND FOOD.

Description.	Surrendered.	Seized.	Legal Proceedings and Result.
1. Beef (home-killed) ... stones	Nil.	Nil.	Nil.
2. Beef (imported)			
3. Mutton (home-killed) ..			
4. Mutton (imported) ..			
5. Pork			
6. Game Lbs.			
7. Poultry			
8. Fish			
9. Fruit ... Lbs. or tins.			
10. Canned Goods ... Cases.			
11. Bacon Lbs.			
12. Cheese			
13. Butter			
14. Lard			

FOOD AND DRUGS ACT.

No.	Samples Taken.	Analysis.	Remarks as to action taken and result.
	Nil.	Nil.	In the hands of the County Council.

SECTION F.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND
OTHER DISEASES.

New and increased Hosiptal accommodation for the District is at present under consideration by the Northumberland County Council.

Disease.	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths
Smallpox	0	0	0
Scarlet Fever	29	6	0
Diphtheria	10	5	2
Enteric Fever (including Paratyphoid) ...	5	4	0
Puerperal Fever	0	0	0
Puerperal Pyrexia	4	3	1
Pneumonia	72	2	3
Erysipelas	12	0	0
Encephalitis Lethargica	0	0	0
Ophthalmia Neonatorum	2	1	0

PREVENTION OF BLINDNESS.—

Cases of Ophthalmia Neonatorum are reported to the County Medical Officer of Health and removed, if necessary, to Preston Hospital for treatment.

Full use is made by the medical practitioners of the District, of the Eye Infirmary, Newcastle-on-Tyne, and of the Eye Department of the Royal Victoria Infirmary, Newcastle-on-Tyne, in cases of disease or injury to the eyes.

TUBERCULOSIS.

New Cases of Tuberculosis and Mortality during 1937.

Age Periods	New Cases				Deaths Notified Cases.			
	Respiratory		Non-Resp.		Respiratory		Non-Resp.	
Years.	M	F	M	F	M	F	M	F
0—	0	0	0	0	0	0	0	0
1—	0	0	1	0	1	0	0	0
5—	2	1	5	1	0	0	0	0
15—	1	3	0	0	0	1	0	0
25—	2	2	0	0	1	1	0	0
35—	0	0	0	0	0	0	0	1
45—	0	0	0	0	0	0	0	0
55—	1	0	0	0	0	0	0	0
65 upwds	0	0	0	0	0	0	0	0
Totals	6	6	6	1	2	2	0	1

REPORT OF MEDICAL OFFICER OF HEALTH.

GENERAL REMARKS.

1937.

To the Chairman and Councillors of the Newbiggin-by-the-Sea Urban District
 Council.
 Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit to you my Report on the Health and Sanitary conditions of the District for the year 1937.

In presenting this to you I take the opportunity to prefix to my General remarks a summary of Public Health progress in our area during the past 100 years, that is in the Victorian, Edwardian and Georgian periods, 1837—1937. The information I give here has been obtained from the Reports of two of your former Medical Officers of Health, whose work deserves to be recalled, and whose sometimes eloquent sentences ought to be preserved. These officers were Dr. J. C. Reid who officiated here from 1852 until about 1878, and Dr. Vincent Burrow, whose reports I have for the years 1902 to 1907.

Dr. Reid's Reports go back to the Cholera visitation of 1848, although his figures and statistics go back to 1801, when our population stood at the modest figure of 398, our Infantile Death Rate was NIL, and our Total Deaths stood at two, i.e., a death rate of 5 per 1000

Dr. Reid says:—

“ In 1848 Cholera was rampant within 4 miles of Newbiggin, when, though this place had almost daily intercourse with the infected districts, there was not a single case of Cholera here.

In 1853 I, in company with the overseers of the Poor, the only local authorities in those days, spent two entire days inspecting the town, and persuading the people to get all their premises put in thorough order. Quicklime was freely provided for all necessary purposes

I have known Diphtheria sweep along the country, and have seen three cases at Woodhorn, only a mile distant, yet not a single person in Newbiggin was in any way affected.

In 1857, on another occasion when Scarlet Fever passed through Northumberland, there was not a case within two miles of Newbiggin . . .

Nor was this all, for cases of Scarlet Fever, Smallpox and Typhus Fever have been stamped out repeatedly, and been confined to the individual or family.

In 1864, as a case in point, I may mention that my daughter was the only person affected with Scarlet Fever 'twixt Tyne and Tweed. Hers was a unique case. She was just a month recovered from Measles when she was seized with Scarlet Fever.

I never witnessed such sequelae in any person recovering from Scarlatina. With the exception of the eyes and eyelids, there was no sign of life about her. She lay perfectly still for four days, had not a single moveable joint in her whole body, and when spoken to only answered "Yes" or "No" and never said more than three words "I am tired".

She was the first to whom I administered Chlorate of Potash, and with such decided benefit as to make it a favourite ever since.

In 1867 we had a case of Smallpox. This was my assistant who caught the contagion whilst visiting patients at Ashington Colliery.

In the January of that year (1867) half a trout-net was sold to a fisherman here by a coal-miner whose children had suffered from Scarlet Fever. The fever was thus introduced into Newbiggin and was carried from here to the village of Cresswell, 4 miles along the coast. After it had died out there, it was brought back to us in a much more malignant form than ever. In the December of this year (1867) and again a year later, a certain Newbiggin family was attacked with Malignant Scarlet Fever.

On both of these occasions I was fortunately called in early, and by warning people to stay away from the affected house, the disease did not extend further. In spite of much care there were two deaths in this family—one a young wife well advanced in pregnancy and the other a child 4 years old.

These are only a few cases to show our comparative freedom from epidemics, and that when the nature of a disease or epidemic is detected early it can be at once arrested.

I fear, however, that when it is of a mild type, ignorance, real or assumed, or the keeping of it secret, is a great cause of its spreading before its character becomes public.

To do the people here justice, however, I must say that the Scarlet Fever was so very mild in the first three families that it visited, that no medical man was called in until the little patients (who had been allowed their liberty) shewed that Anasarca (Kidney failure and dropsy) had set in.

How the Scarlet Fever was brought to Newbiggin remains a mystery. For a long time I was under the impression that some of the summer visitors had brought it, but I subsequently learned that someone here had gone to the burial of a relative who had died of Scarlet Fever many miles away and returned with his clothes poisoned with Scarlatina.

This is certainly the way that not only Scarlet Fever but Smallpox and Measles have been brought here on former occasions.

On the other hand, I have been told that the malignant Fever of 1813 was brought here by a sailor being put ashore in Newbiggin Bay. He had contracted the fever on board ship.

Another method of conveying infection was shown the year before I came to Newbiggin (1851). In that year a fever raged here with a mortality of 30. It was supposed to have been brought from London by some persons who had gone up to see the Great Exhibition. It was called the "Exhibition Fever".

This year, 1851, by the way, proved very fatal to the brave fishermen, for nine of them were drowned in the severe storm of March 18th"

Continuing his remarks on Scarlet Fever, Dr. Reid goes on to say:—

"In 1874, the population of Newbiggin was 1137. This year there was another visitation of Scarlet Fever causing no fewer than 37 deaths (i.e. a death rate of 32.5 per 1000).

This year was very heavy on young people and besides that, four as strong men as there were in the parish fell victims to Typhoid Fever, which they imbibed in the air they breathed, and in the water they drank whilst working in the Quarry at North Seaton Colliery"

Before leaving the subject of Scarlet Fever, I append here some remarks by Dr. Burrow in his Report for 1903, and a brief summary of the Incidence of Scarlet Fever Epidemics in the last 36 years of our local history.

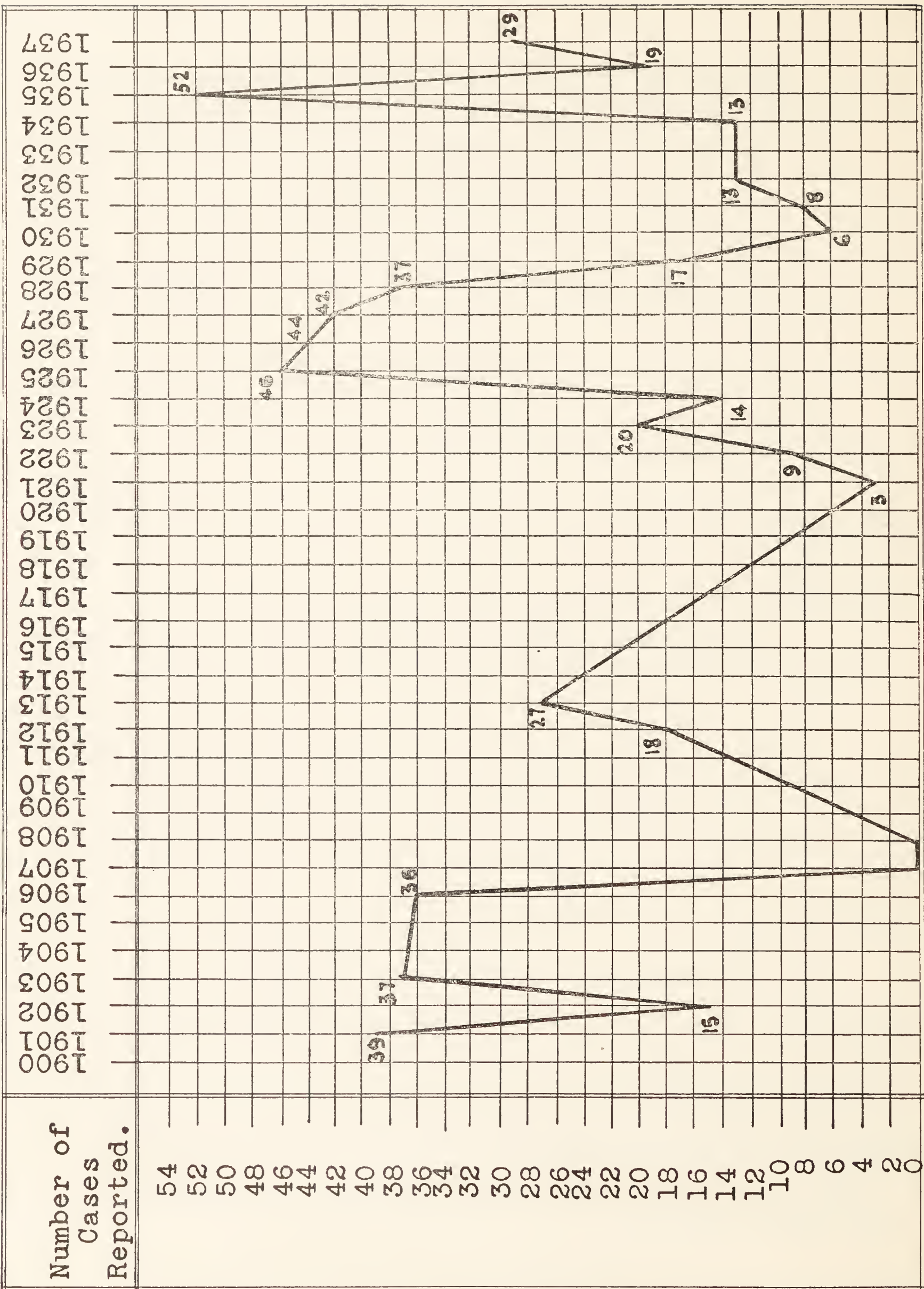
Dr. Burrow says:—

"The Epidemic of Scarlet Fever has continued from 1902 (39 cases) into 1903 (15 cases). In all cases every attempt was made to check the spread of the disease by keeping contacts away from school, by the use of Disinfectants &c., and by Fumigation at the end of the illness when practicable.

Great carelessness is evinced among the working classes, who in spite of repeated admonitions, allow their children to mix with others before they are free from infection.

One case of Enteric Fever occurred this year (1903) at Burnside. The origin is unknown."

Graph Showing Incidence of Scarlet Fever in Newbiggin since 1900.



Pop. 9,000

Pop. 6,800

Pop. 2,600

Pop. 2,400

In the year 1908 it is interesting to note there was only one case of Infectious Disease reported in Newbiggin. It was a case of Diphtheria.

THIS MUST BE A RECORD.

SCARLET FEVER TO-DAY, 1937.

The position with regard to Scarlatina as we know it here to-day is very little altered, except that the proportion of cases is much less (considering the larger population) than in the heavy years 1925—1927, and 1935. The same trouble is experienced in getting the children properly isolated. As we have no Hospital of our own, cases have to be isolated at home, except in houses where there has been gross overcrowding. The latter is of course being remedied under the recent Acts.

It is true that a much larger proportion of Scarlatinal Throats are now swabbed by the doctors in the district and Reports requested from the County Laboratory as to the presence in the swab of Haemolytic Streptococcus; but the use of Anti-Streptococcal (Scarlatinal) Antitoxin is as yet very limited. Several parents have recently come forward, on the other hand, to get children inoculated with a prophylactic Scarlet Fever Toxin, so great is their dread of the sequelae of Scarlet Fever in damaging the heart and kidneys.

I can visualise the day when children will be inoculated with a Streptococcal Antitoxin as regularly and automatically as we inoculate them now with Diphtheria Antitoxin when Diphtheria is suspected. It is probable that streptococcal Throat Infection will be notified someday soon, just as we notify Diphtheria to-day. Meanwhile the lesson we learn from the Graph I have given is that Scarlatina returns in waves. Let us be ready for the next wave.

SMALLPOX.

This disease has practically disappeared from our midst, thanks to modern sanitation and more healthy living. It is interesting, however, to look back at the curious outbreak of 1924. For several years prior to 1924, there had been no cases, although Dr. Burrow gives a good description of three cases which occurred in 1903.

He says:—

“ The first case occurred near the end of June in Brewery Yard. The source of infection was either from North Seaton or Hirst, or indirectly by means of a lot of second-hand clothing which was obtained from North Shields. The case was removed to the Ashington Isolation Hospital and the contacts in the house and adjoining two houses were barricaded in. All who would submit were re-vaccinated, but, unfortunately, the husband's arm did not take, and several days elapsed before he was again vaccinated. He developed smallpox soon after and was also removed.

The authorities at Ashington, however, refused to take any more cases. The Medical Officer for the County paid two visits to Newbiggin and acting on his advice, which was endorsed by me, a Disinfecting Box was made. As the Ashington Hospital was closed to us if any further cases occurred, your Council decided to erect a Hospital of a temporary nature on the Moor, for the reception of the contacts and for any further cases. A galvanised iron Hospital was, therefore, put up on a suitable site to accommodate four beds, with a tent for the caretaker, a kitchen, privy, etc., and the whole enclosed with a close fence, and the contacts from the infected house removed and kept there until all fear of their developing the disease was over.

In the meantime the infected house, which was in a filthy condition, was disinfected, re-papered and cleaned, and many of the things were burnt. This outbreak was thus fortunately stamped out.

The third case was notified on 2nd. November and occurred in Coronation Terrace. The man worked at North Seaton and I think there is little room for doubt that he got infected from there, as at that time there were, and had been, many cases of Smallpox there.

The Isolation Hospital was quickly match-boarded throughout, and sand introduced between the wood and iron, a partition put up inside, a stove arranged for warming purposes, and the patient and his family removed there. By these measures an outbreak was again checked. The Hospital, though primarily of a temporary nature, has thus proved of great use, and provided any future cases are removed there at the commencement, will probably again be the means of preventing an epidemic. If looked after, this little Hospital will probably last for many years, and though accessories such as a nurse's or caretaker's room or building are wanting, I consider it has filled a very pressing necessity, and this at a moderate cost."

If Dr. Burrow was thus so genuinely alarmed at the occurrence of three cases of Smallpox in 1903, and took such quick measures to stamp out the small epidemic which visited us then, what would he have thought of the 1924 epidemic in which we had no less than 43 cases?

This was in Dr. Hart-Jackson's time and taxed the surrounding Hospitals to the utmost. The little Hospital on the Moor erected by Dr. Burrow had then fallen into decay and was no use whatever in an epidemic of this size.

So alarming became the succession of cases that the population came forward in large numbers to be vaccinated. I myself vaccinated no fewer than 770 patients.

It is interesting to recall how the smallpox figures petered out thus:—

1924	—	43 cases.
1925	—	9 cases.
1926	—	3 cases.

Since 1927 there have been no cases of Smallpox.

DIPHTHERIA.

In my last year's Report I discussed at length the effect of our Immunisation Campaign against Diphtheria in 1936. 800 children were immunised that year. During 1937 children came forward in smaller numbers but I am pleased to say that the cases of Diphtheria remained at a low figure—10 cases, none of whom had been immunised. There were no cases amongst the immunised children.

PNEUMONIA.

In spite of the spread of knowledge on the subject of health (almost every family now possesses a copy of a reputable "Book of Health" or "Family Physician") it is astonishing how lung troubles increase in our midst. The cases of Pneumonia have steadily risen thus:—

1933	—	26	cases.
1934	—	33	cases.
1935	—	51	cases.
1936	—	57	cases.
1937	—	68	cases.

Fortunately the type of Pneumonia is not the deadly type it was a dozen years ago. It is rarely fatal except in the very old. Another curious feature in the new Pneumonia is that the drop in temperature comes now more often by Lysis than by Crisis.

INFLUENZA.

This is not a notifiable disease unless it assumes a pneumonic form. It is, however still one of the worst enemies of urban communities, continuing each year to cause a great loss of working days.

Together with Rheumatism it may be called a Public Enemy. Both Influenza and Rheumatism are liable to be complicated with Tonsillitis. Most medical men swab all doubtful throats these days and there is no doubt that parents are gradually being taught the significance of "sore throat". I have already spoken on this subject under the heading of Scarlet Fever.

On the other hand, the foolish habit of friends "visiting" cases of Influenza, and the crowding together of people in cinemas in epidemic times, are things to be deplored.

TUBERCULOSIS.

I am pleased to be able to report the steady decrease of new cases of Tuberculosis.

1934	—	32	new cases.
1935	—	26	new cases.
1936	—	24	new cases.
1937	—	19	new cases.

This drop in the number of cases is the more remarkable as one considers the natural increase of population and the addition of a large community (North Seaton Colliery) to our numbers. On the other hand, we expect, of course, a decrease in this dread disease as a result of better housing, better milk and the spread of health-knowledge. The last mentioned we concentrated upon recently with special reference to the Prevention of Tuberculosis by circulating literature and showing Anti-Tuberculosis films, &c.

I must repeat the warning I gave in last year's Report. All raw milk given to children should be "brought to the boil" if it is not purchased under a guarantee of purity. Thus only can we escape the neck-gland and abdominal-gland Tuberculosis still seen all too often amongst children.

MILK SUPPLY.

My periodic examination of local Byres and Dairies reveal on the whole a fairly conscientious desire to keep a high standard of Milk production. In spite of this, I regret to say that the County Veterinary Office still occasionally spots a Tuberculous cow. As the National Milk-Drinking Campaign bears fruit, and the multiplication of Milk Bars goes on, together with the increasing benefits accruing from the School Milk Scheme, there is no doubt that the public conscience will gradually become awakened to the necessity of demanding Pure Milk.

Then no longer will the reproachful phrase be added to our slogan "DRINK

MORE MILK—BUT *WHAT* MILK!".

WATER SUPPLY.

Regular examinations of our water supply have proved it to be one of the purest possible quality.

We had, unfortunately, five cases of Typhoid Fever throughout the year. None of these could be traced to water, although samples from every likely source were examined, including pit water. All the cases of Typhoid recovered.

CLOSET CONVERSION SCHEME.

Preparations for exhaustive closet conversions were brought well forward during 1937 and it is hoped that every earth-closet will be replaced by a water-closet during 1938.

HOUSING AND OVERCROWDING.

In speaking of these exceedingly important subjects, I would like once more to trespass upon your patience by prefacing my remarks with the following further extract from Dr. J. C. Reid's Report for the year 1874.

Dr. Reid said:—

“If asked what I attribute the increased Rate of Mortality in Newbiggin to (viz:—12 per 1000 in 1844, 18 per 1000 in 1854, and then a jump to 32 per 1000 in 1874) I reply—two things.

First, to the impurity and scarcity of water. After repeatedly urging the Board to bore the well in Woodhorn Lane, it was done at last, and an unfailing supply of pure water obtained. Private wells were also sunk.

Second, I attribute the increased mortality to defective sewage and to overcrowding.

Think of it—a father and mother, a married daughter and her husband and children, widowed sister and her children, all sleeping in one apartment. Is it to be wondered at, that when disease attacked a child, all medical skill proved useless? Scarlet Fever does its work there in twelve, twenty-four or thirty-six hours.

The greatest trial of a medical man's life and the chief obstacle to his usefulness, and which causes him more grief than anything else in Newbiggin is the overcrowded state of too many of its tenements, and were it not for its health-giving sea breezes, the mortality would be greater.

Then, to add to the evil, there is a want of drainage on the north side of the greatest part of the old Town, and there are even drains running underneath the houses.

In one instance I stopped this and in another made them lay sanitary pipes properly covered over. Even where an attempt has been made to drain the dwellings, it has seldom been done efficiently, but now that a common sewer is about to be provided, this crying evil will be remedied.

In spite of all these drawbacks, there are still two agents which help to promote the recovery of patients, viz. Cleanliness and abundant coal.

I have no hesitation in saying that but for the great attention bestowed on the cleanliness of both bed and body linen, we medical men could not boast of so many recoveries, for I have again and again admired the whiteness of the bed clothes, and wondered however a mother of a large family in that single apartment could keep everything so clean.

The other great help in preventing disease is the abundant supply of coal washed up by the sea, helped as that is by the liberty allowed the people to search the pit-refuse for good coal both at North Seaton and at Cambois Collieries. People thus always have a good fire; not many like it in London. However wet their wearing apparel may be, they always have it dry and comfortable to put on next morning.

There is one more evil I want to speak of; there are many houses with neither back door nor window. Sometimes I have had to thrust my stick through a square of glass to secure ventilation; another mode was, when there was a loft, to remove a tile or slate to secure a current of fresh air for the fevered patient”

Much water has run under the bridge since Dr. Reid wrote the foregoing in 1874. Since that time there has been an immense development in Public Health Legislation and outlook, and a Ministry of Health has been formed to co-ordinate all Health Services.

Yet the problems of Housing and Overcrowding remain with us and were aggravated, of course, by the cessation of building during the Great War.

I said in my Report for 1936, that we hoped to transfer upwards of 100 families from overcrowded quarters into new houses on the Woodhorn Demesne Estate. This has now been proceeded with and a great many families transferred, to the great content of the people themselves. This work was in addition to the provision of 80 houses for those people who had lived in slum conditions.

It is proposed to go still further and build another 20 houses between Sandridge and the Church Point for families who could not be removed to Woodhorn on account of their livelihood necessitating that they lived near the sea.

When the question of living-room accommodation in state-provided houses was brought up recently in Parliament, an interesting comment from a northern newspaper followed:—

“We shall never know the social evil caused by overcrowded dwellings wherein human beings with all their conflicting temperaments and desires, have been herded together cheek by jowl. What person of culture and character can say what he would have been like had he been compelled to pass his life in a wretched dwelling filled with the steam of washing and cooking and the wailing of infants? Great as our housing achievement has been during the Post-War period, it is evident that much remains to be done.”

Our own task here in Newbiggin is but partly accomplished. It is true that we have now built, when present projected schemes are finished, 470 houses, but we have not yet caught up with overcrowding and there are still several slum areas to clear.

SMOKE ABATEMENT.

The nuisance of noxious fumes from the Colliery Heap has been abated by the construction of a new pyramidal Heap which replaces the old flat heap. The latter, it is to be hoped, will soon burn itself out.

NORTH SEATON COLLIERY.

The modernisation of the streets, main roads etc., is being pushed forward, but I fear that the closet conversion scheme will be delayed a little longer.

AMBULANCE AND ANTI-AIR RAID WORK.

The provision of a nucleus of trained First-Aid workers went on apace in 1937. I was able to instruct no less than three classes—one of young colliery workers in an Evening Class, a second one of night-shift men in a morning class at the Colliery, and a third class of women workers at the Women's Institute.

The St. John's Ambulance Brigade will be co-related with the body of A.R.P. Wardens &c., when the list of the latter is completed.

Some of the Brigade Officers, together with myself, have taken courses in A.R.P. work and secured Teaching Certificates.

MIDWIFERY SERVICE.

This goes on smoothly under the direction of the County Council. The Ante-Natal Clinic does very good work every Monday, and is co-ordinated with the Princess Mary Hospital.

BACTERIOLOGICAL SERVICE.

This is conducted by the County Council through the County Laboratory at Newburn. During 1937, the doctors in Newbiggin made full use of the laboratory. The following is a summary of specimens sent by them for examination, viz:—

Throat Swabs	...	...	...	...	...	...	...	117
Samples of Sputum	...	...	...	...	...	...	...	92
Samples of Blood	...	...	...	...	...	...	...	18
Samples of Faeces	...	...	...	...	...	...	...	15
Total Pathological Specimens	...	...	...	...	...	...	...	242

OTHER COUNTY COUNCIL SERVICES.

The following services described in detail in my 1936 Report continue to do good work in our midst, viz:—

Orthopaedic Clinic.

Maternity and Child Welfare Clinic.

Holiday Scheme for Convalescent Mothers after
Childbirth.

Tonsil and Adenoid Scheme.

Birth Control Clinic.

The Maternity and Child Welfare Clinic is more popular than ever and is shortly to be removed to a new building behind Jubilee Terrace.

HEALTH WEEK, 1937.

This year we linked up with the Ministry of Health Campaign for National Health and Fitness by showing a Health and Fitness Film in the local cinema and by the distribution of pamphlets on Sensible Feeding and Diet.

The local “Keep-Fit” classes have been well attended, but there is still a great lack of interest in health matters on the part of many of our citizens.

In spite of this, Newbiggin showed the lowest Death rate in the county in 1936—8.88 per 1000. We also had the highest Birth-rate—17.76 per 1000.

Looking back at the picture of overcrowding in Newbiggin provided by Dr. Reid in 1874, a picture, by the way, which held good till 2 or 3 years ago, we can congratulate ourselves on having made considerable progress in the matter of housing. In raising the standard of youth-health found to be so deplorably low a few years ago when measured by army standards, we have commenced at the very bottom of the ladder of health and tried to provide good houses and a decent environment for the rising generation.

In addition to this we are trying to teach the people the elements of nutrition, good feeding and a healthy manner of life.

It is heartening to realise that no less than 1,000,000 slum dwellers in this country have been re-housed in the last five years. This is more than four times the number of people for whom fresh accommodation had been found during the previous 60 years.

In conclusion I have to thank the Sanitary Inspector and his Staff for much help freely given to me during the year.

I am,

Yours obediently,

(Signed) WILLIAM STEPHENSON,
M.R.C.S. (Eng.) L.R.C.P. (Lond.)
MEDICAL OFFICER OF HEALTH.

